PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09 761981

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			27					RATE	FEE		RATE	FEE
FO	R	<u></u> .	NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	27 minus 20=		· 7			X\$ 9=		OR	X\$18=	126.
INDEPENDENT CLAIMS				ninus 3 = *				X40=		OR	X80=	80.00
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	911/2
CLAIMS AS AMENDED - PAR					ΤII			TOTAL		JOIT	OTHER	
(Column 1) (Column 1)					mn 2)	(Column 3)	<u>)</u>	SMALL	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 27	Minus	·· 2	7	=	<u> </u>	X\$ 9=		OR	X\$18=	
	Independent	. 4	Minus	***	4	=		X40=		OR	X80=	
an and	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		<u> </u>	ADDIT. FEE 8			ADDI1.1 CE						
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT			HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 16	Minus	2	7	= -		X\$ 9=		OR	X\$18=	
	Independent	TATION OF MI	Minus	*** 4	H CLAIM			X40=		OR	X80=	3
	rinoi Phese	NIATION OF MI	JUIPLE DER	CINDEIN	CLAIIVI			+135=		OR	+270=	
							ē	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	Non-man district Tax Tax and contact
THE SECRETARY COMME		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.39	Minus	2	27	= 12		X\$ 9=		OR	X\$18=	216
	Independent	. 3	Minus	*** 2	4	=	╛╏	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CI						┛╽	+135=			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.